

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF THE ESTATE OF

**Petition for Formal
Administration**

Case No. _____

Under oath, I state that:

1. The decedent, whose date of birth was _____, and date of death was _____, died domiciled in _____ County, State of _____, with a post office address of: _____.
2. I am interested as _____.
3. The estimated gross value of decedent's property requiring administration is \$ _____.
4. The decedent
☐ did ☐ did not receive medical assistance.
☐ did ☐ did not receive family care benefits (through a Care Management Organization – CMO).
☐ did ☐ did not receive benefits from the Community Options Program (COP).
☐ did ☐ did not receive benefits from the Wisconsin Chronic Disease Program.
☐ was ☐ was not a patient or inmate of a state or county hospital or institution, or responsible for any person owing an obligation to the state or county.

Explain: _____

5. If the decedent was ever married, complete the following: ☐ If more than one spouse, see attached.
Name of spouse (☐ living or ☐ deceased): _____
☐ did ☐ did not receive benefits from the Community Options Program (COP).
☐ did ☐ did not receive benefits from the Wisconsin Chronic Disease Program.

- ☐ 6. The decedent died leaving a
☐ will, dated _____. ☐ codicil(s), dated _____.
I believe these documents were executed properly and are valid. I have made diligent inquiry and am unaware of subsequent revocation of these documents.

The personal representative(s) named by the decedent is

Name: _____

Post office address: _____

The trustee(s) named by the decedent is

Name: _____

Post office address: _____

- ☐ 7. I have made diligent inquiry and I am unaware of any unrevoked will of the decedent and believe that the decedent died without a will.

8. The names and addresses of all interested persons are listed below.

(If a minor, include date of birth; if incompetent, include name of guardian of estate; if in the military, so specify.)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>D. O. B. if Minor</u>
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Based upon these statements, I request that the heirs be determined and

- ☐ 1. The will, including codicils, be admitted to probate.
- ☐ 2. The petition for intestate administration be granted.
- ☐ 3. Domiciliary Letters be issued to _____.
- ☐ 4. Letters of Trust be issued to _____
for the following trust: _____
Letters of Trust be issued to _____
for the following trust: _____

Subscribed and sworn to before me

on _____

Notary Public/Court Official

My commission expires: _____

Signature of Petitioner

Name Printed or Typed

Address

Telephone Number

Name of Attorney	
Address	
Telephone Number	Bar Number